

***Paul L. Murphy & Sons*****Funeral Home****127 East Miller Street (315 331-3255) Newark, N.Y. 14513****Name of Deceased:****Cremation**

(Scheduled Date)

(Location)

**Manner of Disposition of Cremains:**  
 Burial at \_\_\_\_\_  
 Entombment at \_\_\_\_\_  
 Return to Family \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

*Family will pick up at Cremator*

I hereby designate the Disposition of Cremains and acknowledge  
receipt of a copy of this form:

 (Signature)

(Printed Name)

 (Address)*Funeral Home**or James H. Prude*

**"Cremains which shall not have been claimed within 120 days from the date  
of cremation may be disposed of by this firm, in the following Manner,**

(Manner of disposition) In accordance with NY Public Health Law 4202David P. Murphy  
(Printed name of Funeral Director)David P. Murphy  
(Signature of Funeral Director)**—TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS—****Cremation**

(Actual Date)

(Location of Crematory)

**Disposition of Cremains:**

(Manner of Disposition)

(Location)

(Date)

Name of Person Making Disposition

Signature

Date

I hereby acknowledge that on \_\_\_\_\_  
I took possession of the remains of \_\_\_\_\_

(Name of Deceased)

(Signature of Person Receiving Cremains)

(Printed Name)

(Full Address)

**DIRECTIONS TO MAIL CREMATED REMAINS****1. PARTIES:****"FUNERAL HOME":** Auditoria Funeral Home

(Name of Funeral Home)

**"REPRESENTATIVE":** Peter Morgan

(Name of Representative)

(Use Reverse Side  
for Additional Names)